

WEST VIRGINIA
Department of



BUREAU FOR PUBLIC HEALTH

Office of Community Systems and Health Promotion

Division of Primary Care

Health Right
Free Clinic
Uncompensated Care
Funding

Fiscal Year

2020

Facility Name:

Required Field

Identification

Organization Name:

DBA (If applicable):

Street Address:

Mailing Address (if
different):

City:

State:

Zip:

Organization Phone:

Organization Fax:

FEIN:

Calculated Values. No input needed.

Number of Patient Care Sites:
(Including mainsite)

Total Patients:

Total Visits:

Total Medicaid Patients:

Total Medicare Patients:

Health Insurance Marketplace:

Total Uninsured Patients:

Administrator:

Administrator Phone:

Ext.

Administrator E-mail:

Person completing Application:

Phone (if different):

Ext.

Person completing E-Mail:

Person completing Fax:

Chief Financial Officer (CFO):

CFO Phone:

Ext.

CFO E-mail:

Clinical Director:

Clinical Director Phone:

Ext.

Clinical Director E-Mail:

Audit/Report Information

Send one copy of the most recent audit with management letter to: **David Haden, Director**
Division of Primary Care
350 Capitol Street, Room 515
Charleston, WV 25301

Send one copy of the most recent independent audit and management letter to:
Division of Compliance and Monitoring
One Davis Square, Suite 401
Charleston, WV 25301

Service Site - Main

Mailing Address:

Name:

Address:

City: State: Zip:

Site Address (if different from above):

Name:

Address:

City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients: Health Insurance
Market Place Patients: Employed Patients: Meds-Only Visits: Site scheduled days and specific hours of
operation:

Monday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Tuesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Wednesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Thursday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Friday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Saturday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Sunday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 2

Mailing Address:

Name:

Address:

City: State: Zip:

Site Address (if different from above):

Name:

Address:

City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients: Health Insurance
Market Place Patients: Employed Patients: Meds-Only Visits: Site scheduled days and specific hours of
operation:

Monday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Tuesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Wednesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Thursday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Friday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Saturday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Sunday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 3

Mailing Address:

Name:

Address:

City: State: Zip:

Site Address (if different from above):

Name:

Address:

City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients:

Health Insurance
Market Place Patients:

Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Tuesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Wednesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Thursday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Friday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Saturday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Sunday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 4

Mailing Address:

Name: Address: City: State: Zip:

Site Address (if different from above):

Name: Address: City: State: Zip: Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients: Health Insurance Market Place Patients: Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input type="text"/>	to	<input type="text"/>
Tuesday	<input type="text"/>	to	<input type="text"/>
Wednesday	<input type="text"/>	to	<input type="text"/>
Thursday	<input type="text"/>	to	<input type="text"/>
Friday	<input type="text"/>	to	<input type="text"/>
Saturday	<input type="text"/>	to	<input type="text"/>
Sunday	<input type="text"/>	to	<input type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 5

Mailing Address:

Name:
Address:
City: State: Zip:

Site Address (if different from above):

Name:
Address:
City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients:

Health Insurance
Market Place Patients:

Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input type="text"/>	to	<input type="text"/>
Tuesday	<input type="text"/>	to	<input type="text"/>
Wednesday	<input type="text"/>	to	<input type="text"/>
Thursday	<input type="text"/>	to	<input type="text"/>
Friday	<input type="text"/>	to	<input type="text"/>
Saturday	<input type="text"/>	to	<input type="text"/>
Sunday	<input type="text"/>	to	<input type="text"/>

Pharmacy ServicesNumber of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 6

Mailing Address:

Name:

Address:

City: State: Zip:

Site Address (if different from above):

Name:

Address:

City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients:

Health Insurance
Market Place Patients:

Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Tuesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Wednesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Thursday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Friday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Saturday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Sunday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 7

Mailing Address:

Name:

Address:

City: State: Zip:

Site Address (if different from above):

Name:

Address:

City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients:

Health Insurance
Market Place Patients:

Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Tuesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Wednesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Thursday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Friday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Saturday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Sunday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 8

Mailing Address:

Name:

Address:

City: State: Zip:

Site Address (if different from above):

Name:

Address:

City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients:

Health Insurance
Market Place Patients:

Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Tuesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Wednesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Thursday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Friday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Saturday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Sunday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 9

Mailing Address:

Name:
Address:
City: State: Zip:

Site Address (if different from above):

Name:
Address:
City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients:

Health Insurance
Market Place Patients:

Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input type="text"/>	to	<input type="text"/>
Tuesday	<input type="text"/>	to	<input type="text"/>
Wednesday	<input type="text"/>	to	<input type="text"/>
Thursday	<input type="text"/>	to	<input type="text"/>
Friday	<input type="text"/>	to	<input type="text"/>
Saturday	<input type="text"/>	to	<input type="text"/>
Sunday	<input type="text"/>	to	<input type="text"/>

Pharmacy ServicesNumber of Prescriptions: Donated Medications Value: Medications AWP Cost:

Service Site 10

Mailing Address:

Name:

Address:

City: State: Zip:

Site Address (if different from above):

Name:

Address:

City: State: Zip:

Total Patients: Total Patient Visits: Uninsured Patients: Medicaid Patients: Medicare Patients: Health Insurance
Market Place Patients: Employed Patients: Meds-Only Visits:

Site scheduled days and specific hours of operation:

Monday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Tuesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Wednesday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Thursday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Friday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Saturday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>
Sunday	<input style="width: 100%;" type="text"/>	to	<input style="width: 100%;" type="text"/>

Pharmacy Services

Number of Prescriptions: Donated Medications Value: Medications AWP Cost:

Table A - Patients by Age and Gender

Age Group	Male Patients	Female Patients	Total Patients
Age 0-18			
Age 19			
Age 20			
Age 21			
Age 22			
Age 23			
Age 24			
Age 25-29			
Age 30-34			
Age 35-39			
Age 40-44			
Age 45-49			
Age 50-54			
Age 55-59			
Age 60-64			
Age 65-69			
Age 70-74			
Age 75-79			
Age 80-84			
Age 85 and over			
Total Patients			

Table B - Patient Characteristics

Characteristics

Number of Patients

Income as Percent of Poverty Level

- 1 100% and below
- 2 101% - 150%
- 3 151% - 200%
- 4 Over 200%

Total Patients Income

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Special Populations

- Migrant
- Seasonal
- Homeless
- Veterans
- Others

Total Special Populations

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Patients by Race

- White
- Black/African American
- Hispanic
- Asian
- Other (specify)
- Unreported

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Table C - Counties Served

County residence of the patients treated.

Barbour	Jefferson	Pocahontas
Berkeley	Kanawha	Preston
Boone	Lewis	Putnam
Braxton	Lincoln	Raleigh
Brooke	Logan	Randolph
Cabell	Marion	Ritchie
Calhoun	Marshall	Roane
Clay	Mason	Summers
Doddridge	McDowell	Taylor
Fayette	Mercer	Tucker
Gilmer	Mineral	Tyler
Grant	Mingo	Upshur
Greenbrier	Monongalia	Wayne
Hampshire	Monroe	Webster
Hancock	Morgan	Wetzel
Hardy	Nicholas	Wirt
Harrison	Ohio	Wood
Jackson	Pendleton	Wyoming
	Pleasants	

Table D - Staffing and Utilization

Personnel by Major Service Category		FTE	Volunteers	Clinic	Patients
		(a)	(b)	Visits (c)	(d)
1	Family Physicians				
2	General Practitioners				
3	Internist				
4	Obstetrician/Gynecologists				
5	Total Physicians				
6	Nurse Practitioners				
7	Physicians Assistants				
8	Certified Nurse Midwives				
9	Total NPs, PA, and CNMs				
10	RNs and LPNs				
11	Other Medical Personnel				
12	Medical Assistants				
13	Dentists				
14	Dental Hygienists				
15	Dental Assistants, Aides, Techs				
16	Other Dental Personnel				
17	Total Dental Services				
18	Psychiatrists				
19	Licensed Clinical Psychologists				
20	Clinical Social Workers				
21	Other Licensed Mental Health Providers				
22	Other Mental Health Staff				
23	Total Mental Health				
24	Substance Use Disorder Services				
25	Other Professional Services (specify)				
26	Ophthalmologists				
27	Optometrists				
28	Other Vision Care Staff				
29	Total Vision Services				
30	Pharmacy Personnel				
31	Case Managers				
32	Patient/Community Education Specialists				
33	Outreach Workers				
34	Eligibility Assistance Workers				
35	Total Enabling Services				

Table D - Staffing and Utilization (continued)

Personnel by Major Service Category		FTE (a)	Volunteers (b)	Clinic Visits (c)	Patients (d)
36	Other Programs/Services (Specify)				
37	Management and Support Staff				
38	Fiscal and Billing Staff				
39	IT Staff				
40	Facility Staff				
41	Patient Support Staff				
42	Total Facility and Non-Clinical Support Staff				
43	Grand Total				

Table E - Projections

Please enter the actual and projected data in the appropriate columns

Projection	Actual Data CY 2018	Projection for FY2020	Difference
Total Patients			
Total Visits			
Total Accrued Costs			
Total Uncompensated Cost			
Total Revenue All Sources			

Table F - Chronic Diseases

List the top six frequently diagnosed chronic diseases

Table G - Selected Services Provided

Diagnostic Category	Grantee Provided	Grantee Referral
Selective Diagnostic Tests/Screening/Preventive Services		
1 Mammogram		
2 Clinical Breast Exam		
3 Pap Test		
4 Colonoscopy		
5 Endoscopy		
6 Select Immunizations: Tetnus, Hepatitis A		
7 Seasonal Flu Vaccine		
8 Glycosylated Hemoglobin Measurement		
9 Urinary Microalbumin Measurement		
10 Dilated Eye Exam (Diabetes)		
11 Foot Exam (Diabetes)		
12 Blood Cholesterol Screening		
13 Diagnostic X-ray		
14 Smoke and Tobacco Use Cessation, Counseling		
15 Screening Brief Intervention and Referral to Treatment (SBIRT)		
16 Medication Assisted Treatment		
Selected Dental Services		
17 Oral Exam		
18 Emergency Services		
19 Oral Surgery (extractions and other surgical procedures)		
20 Restorative Services		
Other Selected Professional Services		
21 Surgery: Out-patient		
22 Addiction Treatment		
23 Behavioral Health		
24 Hearing Screening		
25 Podiatry		
26 Physical Therapy		
27 Occupational Therapy		
28 Other (specify)		

Table H - Financial Costs**Personnel****Costs**

Medical

Mental Health

Dental

Other Clinical

Non-Clinical

Contractual

Other (Specify)

Total Personnel Costs**Operational Expenses**

Administration

Clinical Supplies

Facility Maintenance

Office

Pharmaceuticals

Other (Specify)

Total Operational Expenses**Total Financial Costs**

CY 2018

Depreciation

Table I - Revenue

Source		Amount
Federal Grants		
Ryan White Part C HIV Early Intervention		<input style="width: 100%;" type="text"/>
Other Federal Grants (specify)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total Federal Grants		<input style="width: 100%;" type="text"/>
Third Party Payors		
Health Insurance Marketplace		<input style="width: 100%;" type="text"/>
Medicaid		<input style="width: 100%;" type="text"/>
Medicare		<input style="width: 100%;" type="text"/>
Total Third Party Payors		<input style="width: 100%;" type="text"/>
Grants and Contracts		
State Government Grants and Contracts (specify)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Local Government Grants and Contracts (specify)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Foundation/Private Grants (specify)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Patient Donations	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other Donations	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total Grants/Contracts/Donations		<input style="width: 100%;" type="text"/>
Other Revenue (non-patient related revenue not reported elsewhere)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total Revenue		<input style="width: 100%;" type="text"/>

CY 2018

General Narrative

Explain any change(s) in the operation of the clinic affecting patient care services (i.e., additional sites, new programs, loss of service, community partnerships, etc).

Opiate Narrative

Explain the impact of opiate abuse on patient's health. What types of drugs (heroin, methamphetamine, prescription pain medicine) are most often abused? What patient services (methods of treatment) are provided? What planning has begun to address patient opiate addiction? Are other community partners involved?

Data Entry Narrative

Tell us about the data entry experience. Let us know if we can improve.

Financial Change Narrative

Explain how Health Insurance Marketplace is affecting patient accessibility to care. What are the greatest financial barriers(s) to clinic operation and patient care.

Application Signatures

Health Right Free Clinic Application for Uncompensated Care Funding
Fiscal Year 2020

(Please sign in blue ink)

CEO Name

CEO Signature

Date

Board President Name

Board President Signature

Date